

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

July 2015

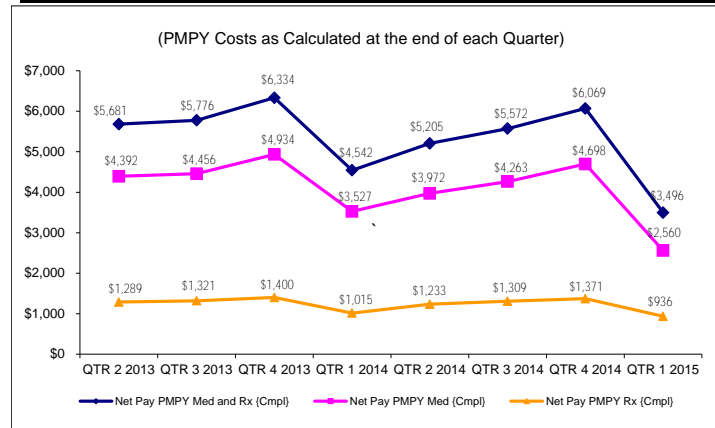
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Mar 2014 - Feb 2015	Mar 2013 - Feb 2014	% Change
Employees Avg Med	150,206	153,221	-1.97%
Members Avg Med	263,191	266,749	-1.33%
Family Size Avg	1.8	1.7	0.65%
Member Age Avg	37.1	37.1	0.08%

Net Incurred Claims Cost per Member

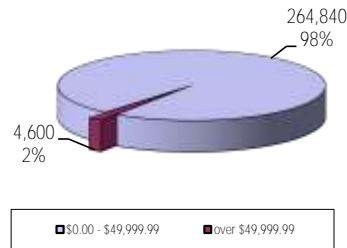


Allowed Claims Costs PMPY with Norms

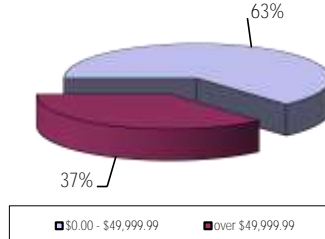
	Mar 2013 - Feb 2014	Mar 2014 - Feb 2015	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$5,012.68	\$4,746.77	-5%	\$4,406.62	7.17%
Allow Amt PMPY IP Acute {Cmpl}	\$1,415.34	\$1,347.48	-5%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,579.88	\$3,380.60	-6%	\$3,062.29	9.42%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,993.78	\$1,884.42	-5%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$941.61	\$873.39	-7%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$340.98	\$312.67	-8%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$534.58	\$490.38	-8%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$604.20	\$726.19	20%	\$581.19	19.97%
Allow Amt PMPY Rx {Cmpl}	\$1,545.33	\$1,501.27	-3%	\$1,083.89	27.80%
Out of Pocket PMPY Rx {Cmpl}	\$276.92	\$270.43	-2%	\$0.00	N/A

High Cost Claimants Mar 14—Feb 15

% of High Cost Patients



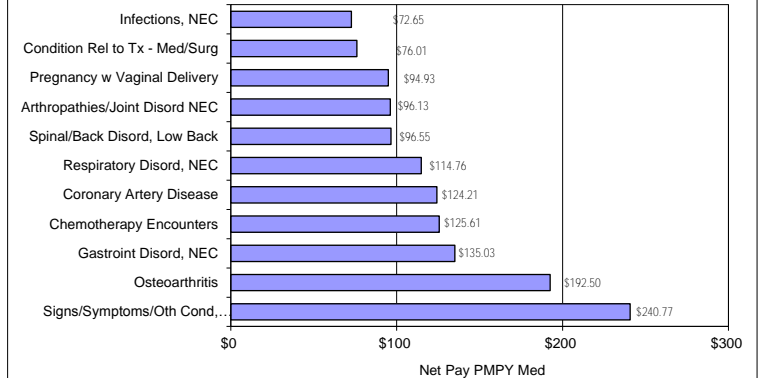
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Mar 2013 - Feb 2014	Mar 2014 - Feb 2015	% Change
Mail Order	Discount Off AWP % Rx	55.74%	54.55%	-2.14%
	Scripts Generic Efficiency Rx	93.49%	94.41%	0.98%
Retail	Discount Off AWP % Rx	52.90%	61.56%	16.35%
	Scripts Generic Efficiency Rx	94.57%	95.05%	0.51%
Total	Discount Off AWP % Rx	53.58%	60.15%	12.26%
	Scripts Generic Efficiency Rx	94.46%	94.98%	0.56%
	Scripts Maint Rx % Mail Order	13.85%	13.68%	-1.20%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Mar 2013 - Feb 2014	Mar 2014 - Feb 2015	% Change
Allow Amt Per Day Adm Acute	\$4,675.96	\$4,644.60	-0.67%
Days Per 1000 Adm Acute	301.26	280.43	-6.92%
Allow Amt Per Visit OP Fac Med	\$1,098.74	\$1,209.57	10.09%
Visits Per 1000 OP Fac Med	1,814.61	1,555.95	-14.25%
Allow Amt Per Visit Office Med	\$119.38	\$119.76	0.31%
Visits Per 1000 Office Med	7,887.20	7,274.28	-7.77%
Allow Amt Per Day Supply Rx	\$2.68	\$2.71	1.04%
Days Supply PMPY Rx	575.57	553.25	-3.88%

Cost Drivers—Utilization and Price Trends

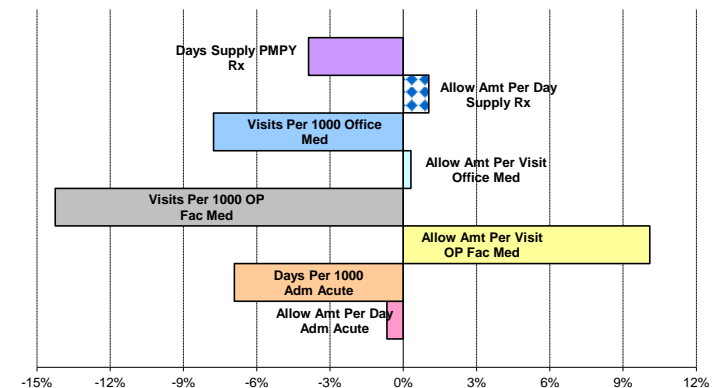


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

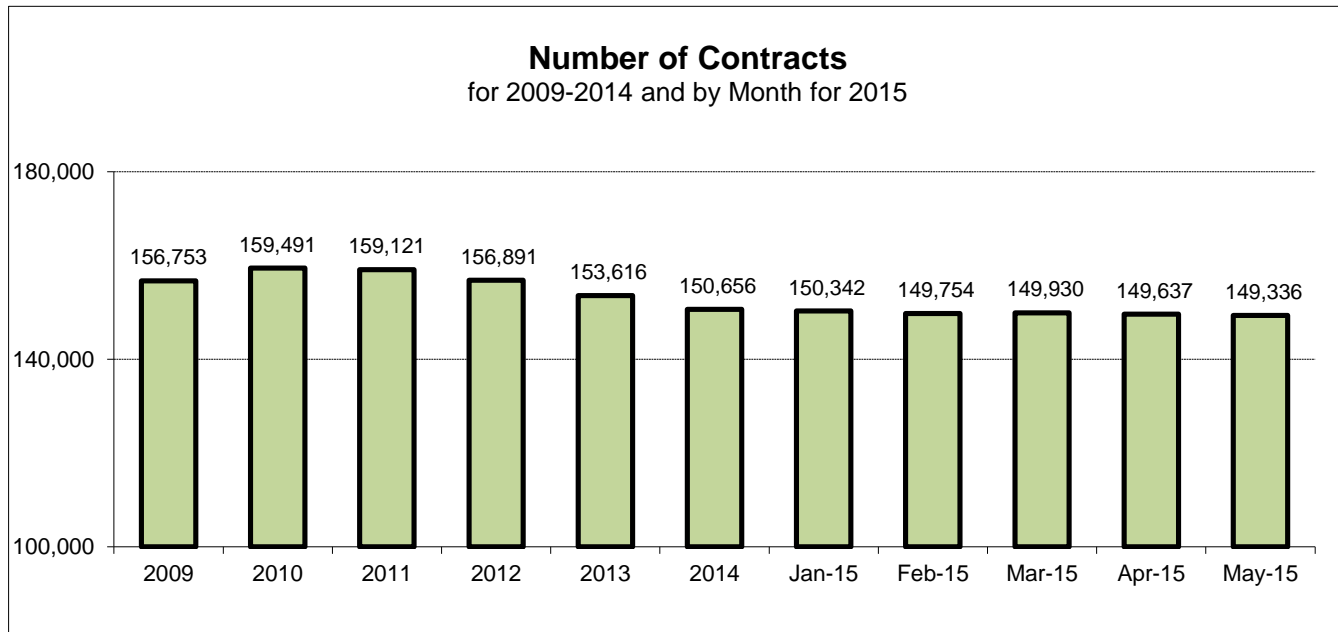
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2012 Medstat processed enrollment information for a total of 270,404 members as well as 8,891,904 claims (3,894,285 Medical claims and 4,997,619 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

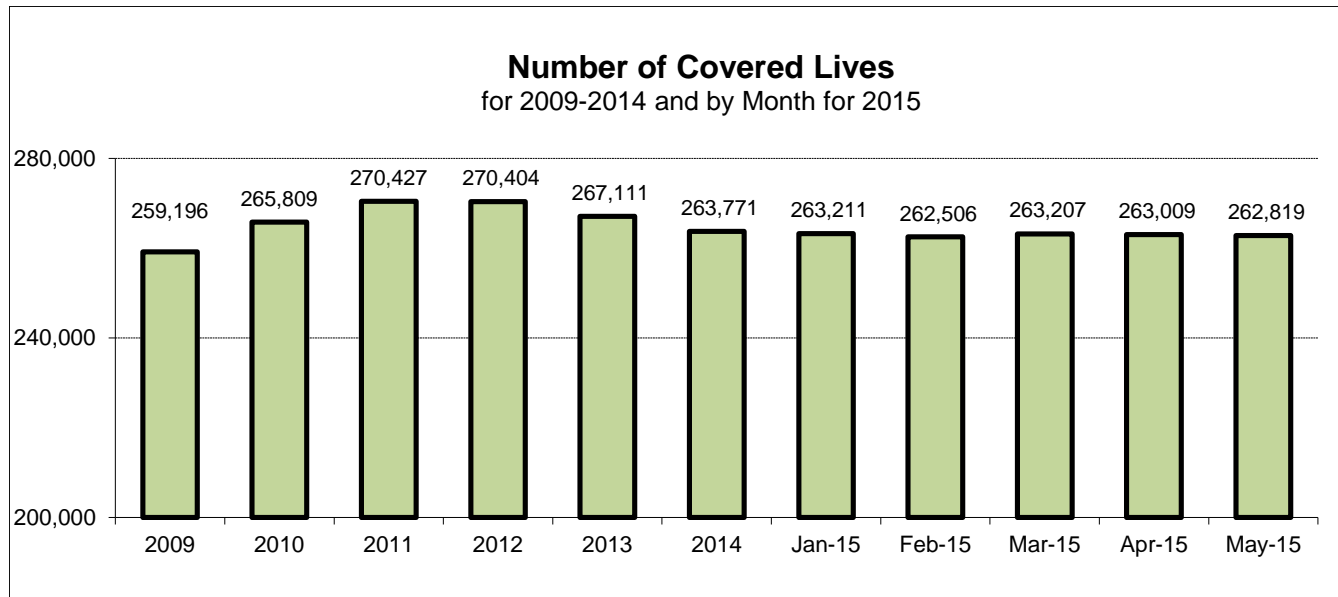
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS is designated as Anthem).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2009-2014 and monthly year-to-date for 2015. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

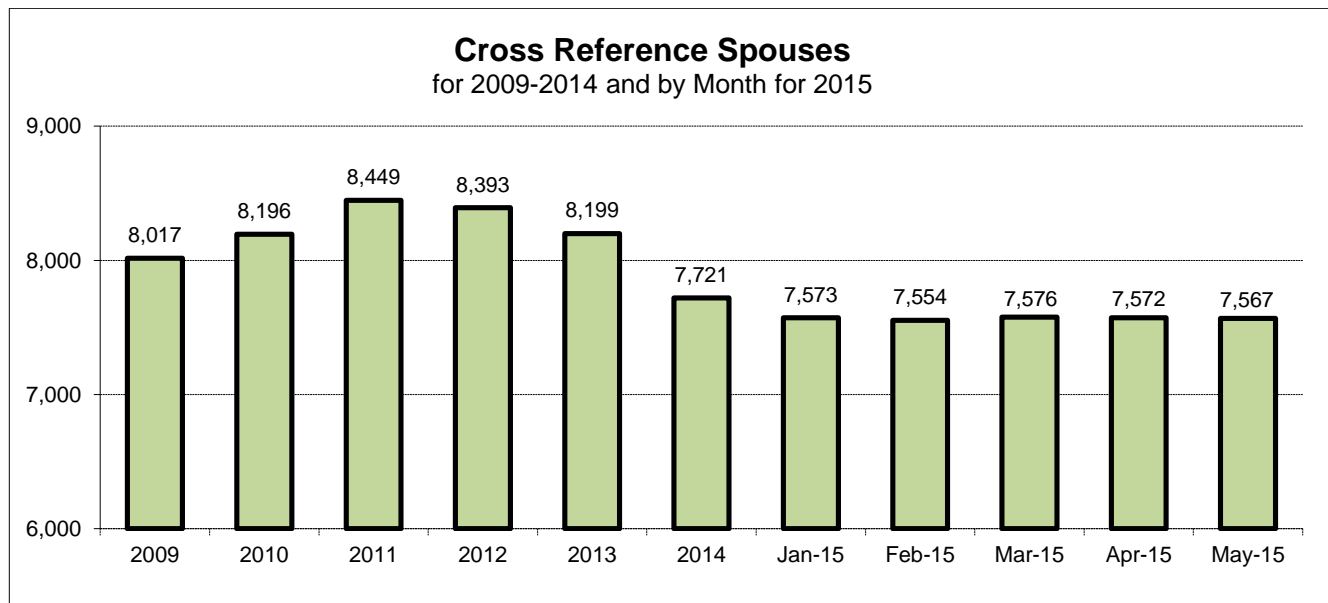


The following chart shows member enrollment (covered lives) for 2009-2014 and monthly year-to-date for 2015. Enrollment will fluctuate on a monthly basis.



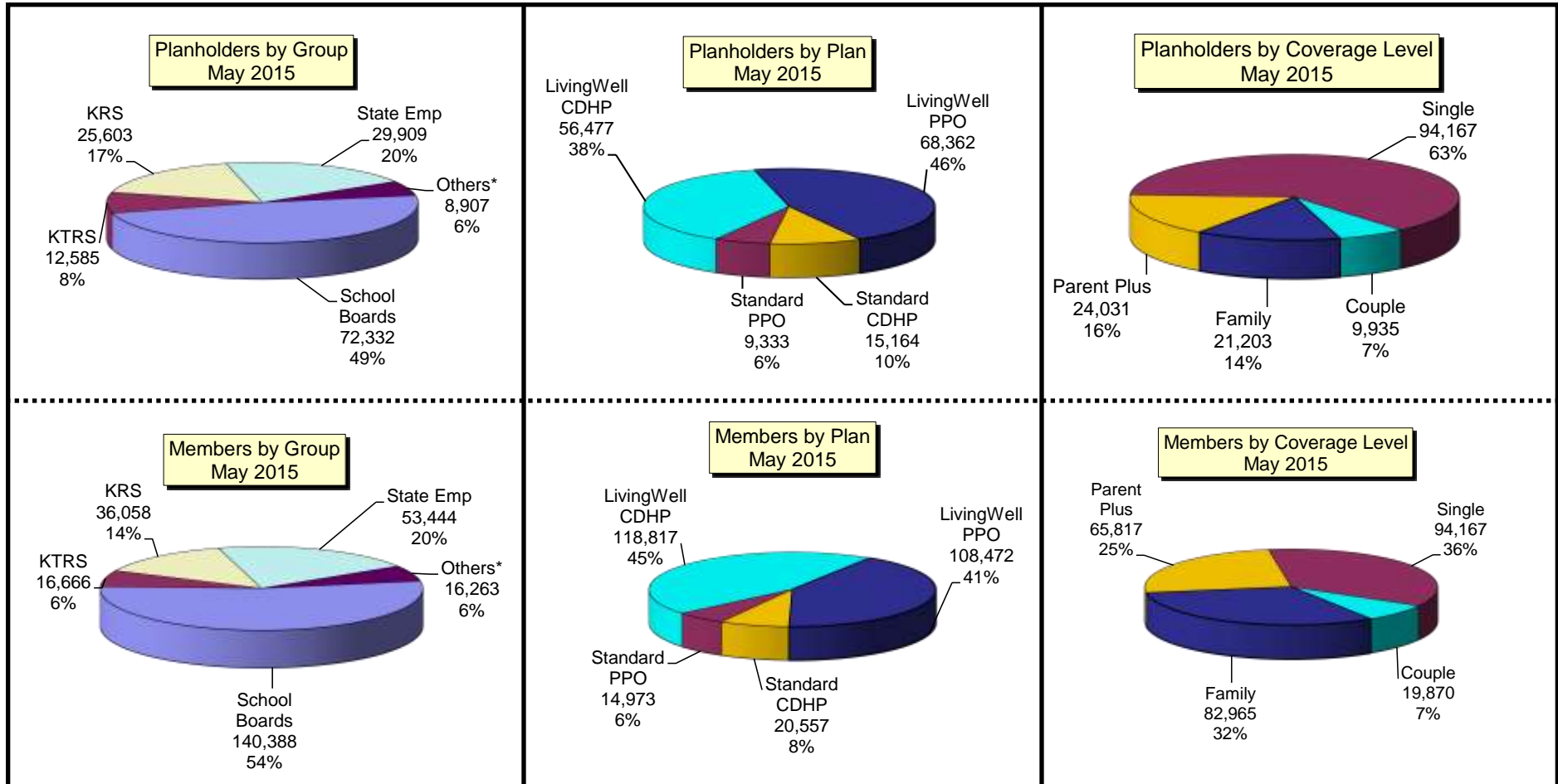
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2009-2014 and monthly year-to-date for 2015. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

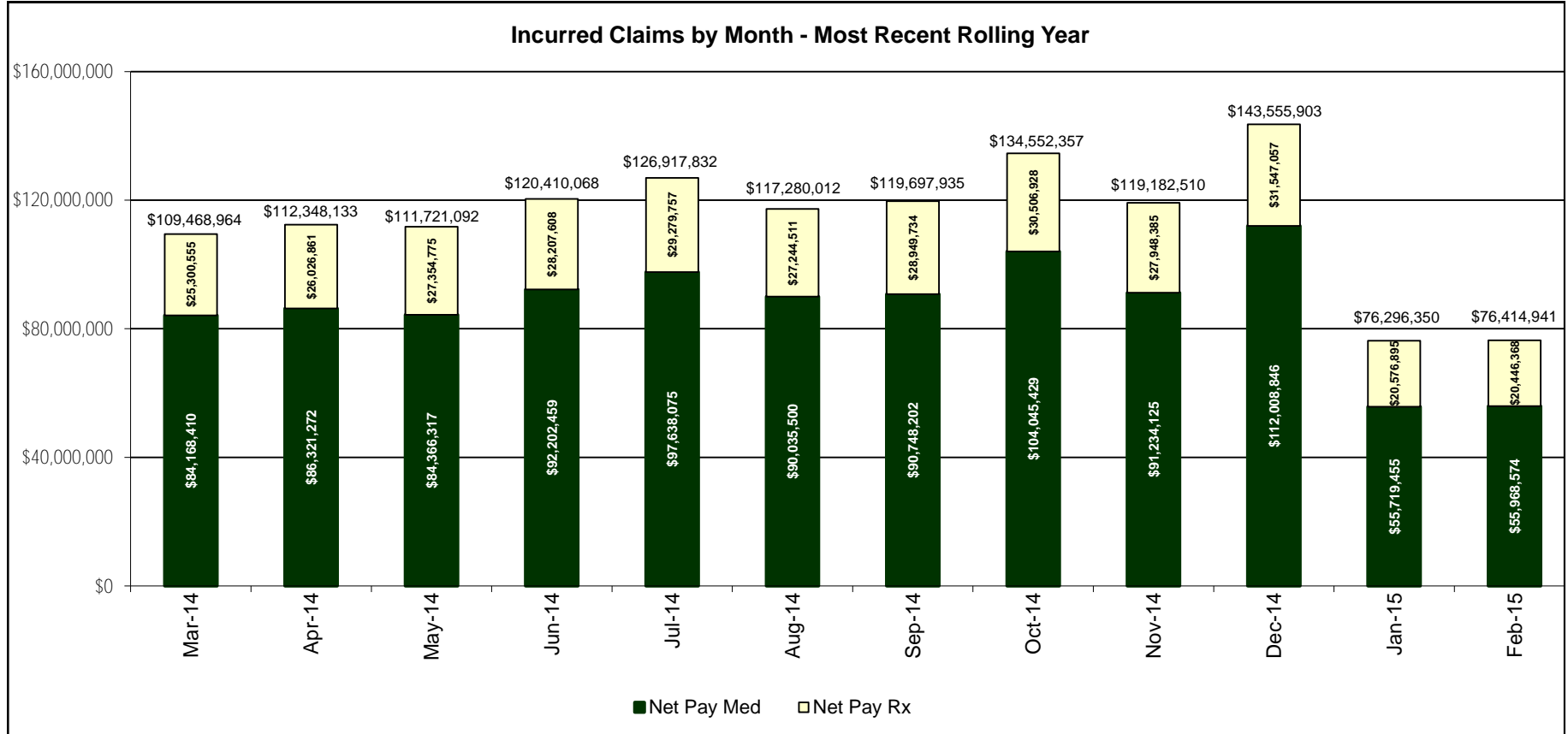
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2009 - 2014 and monthly year-to-date for 2015

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,681,774	\$138,118,714	\$243,217,120	\$206,804,511	\$90,085,615	\$1,185,907,733
2013	\$523,689,024	\$134,541,840	\$232,179,281	\$214,229,963	\$96,163,847	\$1,200,803,955
2014	\$464,085,421	\$120,841,973	\$215,685,271	\$202,442,666	\$80,362,337	\$1,083,417,666
Jan-2015	\$23,360,239	\$6,386,332	\$11,347,326	\$9,284,665	\$5,340,893	\$55,719,455
Feb 2015	\$23,650,762	\$6,244,460	\$11,965,146	\$10,048,076	\$4,060,131	\$55,968,574

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2009 - 2014 and monthly year-to-date for 2015

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,312	\$21,662,510	\$353,749,707
2013	\$140,321,434	\$50,993,463	\$78,592,665	\$60,391,761	\$22,628,840	\$352,928,162
2014	\$131,104,671	\$43,058,039	\$73,845,194	\$55,749,988	\$20,906,777	\$324,664,670
Jan 2015	\$7,985,173	\$2,525,655	\$5,131,363	\$3,514,549	\$1,420,155	\$20,576,895
Feb 2015	\$8,147,837	\$2,608,484	\$4,904,277	\$3,349,353	\$1,436,417	\$20,446,368

** Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2009-2014 and monthly year-to-date for 2015.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,476	\$75,626,849	\$887,301,358	\$53,534,574	(\$83)	(\$1,306)	(\$277)	\$0	\$10,026,143	\$1,185,909,745
2013	\$157,572,154	\$78,688,391	\$876,406,692	\$65,088,907	\$216,633	\$857,263	\$1,174,745	\$1,086,116	\$11,986,257	\$1,193,079,170
2014	\$1,510	\$529	\$75,513	\$15,221	\$57,056,558	\$45,979,541	\$598,174,891	\$373,721,013	\$8,392,891	\$1,083,419,680
Jan-15	\$0	\$0	\$0	\$0	\$2,982,364	\$2,978,307	\$27,467,540	\$20,439,783	\$1,851,460	\$55,761,460
Feb-15	\$0	\$0	\$0	\$0	\$2,932,892	\$2,277,546	\$28,783,145	\$21,482,742	\$492,248	\$56,010,610

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2009-2014 and monthly year-to-date for 2015.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,291	\$10,764,647					\$550,735	\$353,749,707
2013	\$46,696,863	\$15,359,851	\$276,773,916	\$14,035,270					-\$153,326	\$352,712,575
2014	\$3,375	\$220	\$33,102	\$3,098	\$17,728,663	\$5,830,150	\$217,798,665	\$82,945,770	\$321,628	\$324,664,670
Jan-15	\$0	\$0	\$0	\$0	\$1,247,015	\$109,981	\$16,175,452	\$3,038,135	\$6,311	\$20,576,895
Feb-15	\$0	\$0	\$0	\$0	\$1,148,909	\$181,376	\$14,845,640	\$4,259,971	\$10,471	\$20,446,368

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2009-2014 and monthly year-to-date for 2015.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,448,230	\$231,732,200	\$184,502,900	\$553,571,504	\$5,473,567	\$1,134,728,400
2012	\$159,856,516	\$247,003,535	\$194,212,198	\$574,926,707	\$9,908,778	\$1,185,907,733
2013	\$145,186,959	\$251,579,007	\$207,515,822	\$576,813,280	\$11,982,089	\$1,193,077,157
2014	\$130,925,870	\$237,831,000	\$181,992,718	\$524,275,187	\$8,392,891	\$1,083,417,666
Jan 2015	\$7,812,883	\$10,955,081	\$8,740,707	\$26,359,322	\$1,851,460	\$55,719,455
Feb 2015	\$7,999,888	\$12,263,720	\$8,755,358	\$26,457,361	\$492,248	\$55,968,574

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2009-2014 and monthly year-to-date for 2015.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,910	\$47,935,016	\$179,708,356	\$366,823	\$353,749,707
2013	\$50,608,501	\$72,784,661	\$51,986,564	\$177,702,029	-\$153,593	\$352,928,162
2014	\$45,479,437	\$67,748,152	\$45,638,110	\$165,477,343	\$321,628	\$324,664,670
Jan-15	\$2,597,142	\$3,628,283	\$3,137,754	\$11,207,405	\$6,311	\$20,576,895
Feb-15	\$2,797,282	\$3,952,290	\$2,872,059	\$10,814,265	\$10,471	\$20,446,368

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January-February 2015.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	54.42	57.84	-5.90%	4.04	4.72	-14.44%	219.97	238.21	-7.66%
LivingWell PPO	60.22	61.18	-1.56%	4.47	5.29	-15.44%	269.30	262.51	2.58%
Standard CDHP	38.58	59.13	-34.76%	6.02	6.63	-9.12%	232.34	244.47	-4.96%
Standard PPO	49.44	61.69	-19.86%	6.24	7.40	-15.60%	308.69	266.42	15.87%
Average	55.28	59.54	-7.15%	4.46	5.22	-14.61%	246.41	250.37	-1.58%

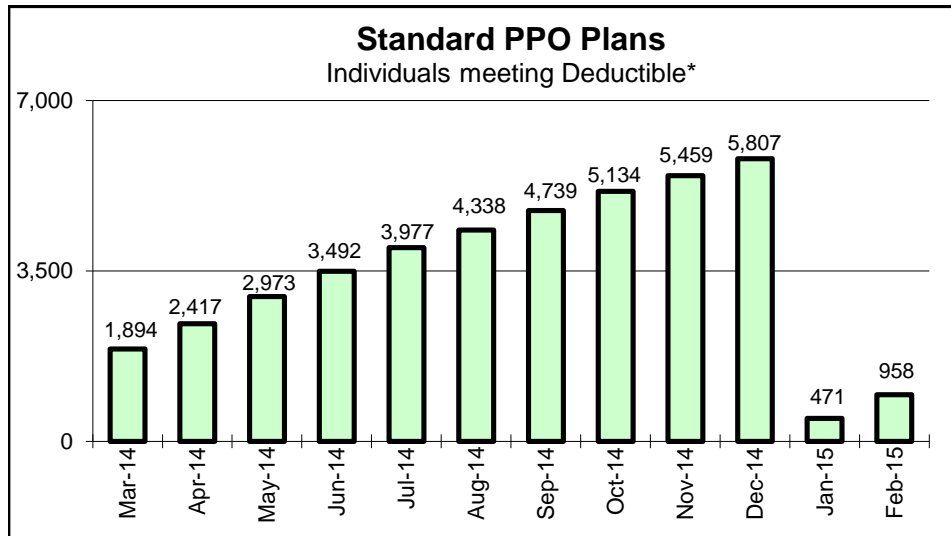
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,344.57	7,176.18	-11.59%	144.81	232.22	-37.64%
LivingWell PPO	7,633.48	7,945.54	-3.93%	178.63	233.29	-23.43%
Standard CDHP	3,494.83	7,345.48	-52.42%	159.79	233.02	-31.43%
Standard PPO	5,038.75	7,780.78	-35.24%	169.62	231.02	-26.58%
Average	6,577.94	7,542.37	-12.79%	161.40	232.66	-30.63%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	6,993.03	7,503.74	-6.81%	1,798.75	1,982.91	-9.29%
LivingWell PPO	9,685.87	8,667.03	11.76%	2,497.84	2,459.90	1.54%
Standard CDHP	4,595.48	8,235.57	-44.20%	1,299.01	2,158.26	-39.81%
Standard PPO	6,913.82	8,565.28	-19.28%	1,883.50	2,342.10	-19.58%
Average	7,912.99	8,103.52	-2.35%	2,053.29	2,214.63	-7.29%

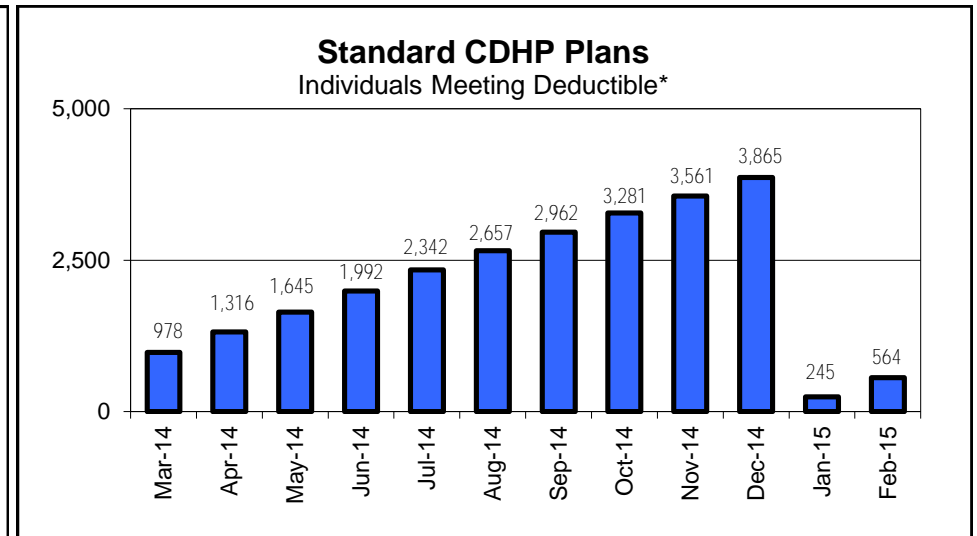
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

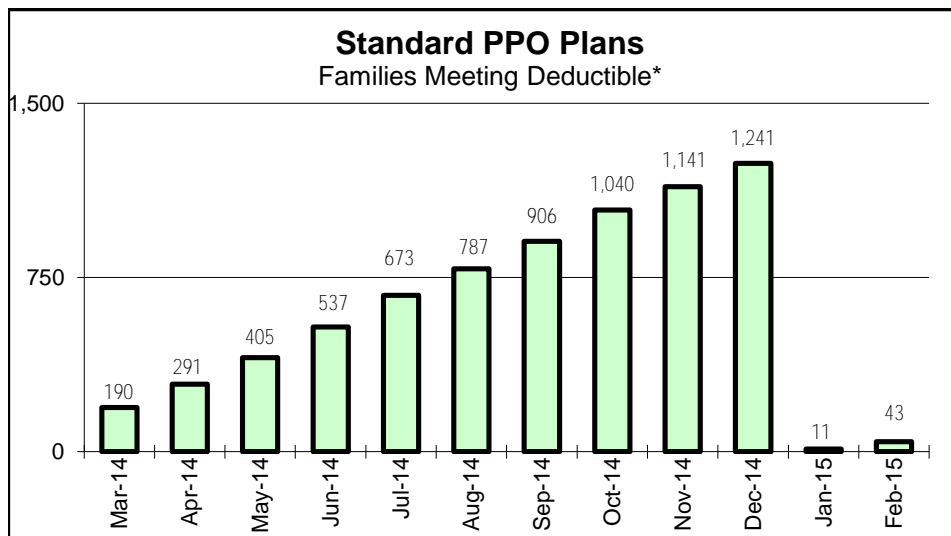
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



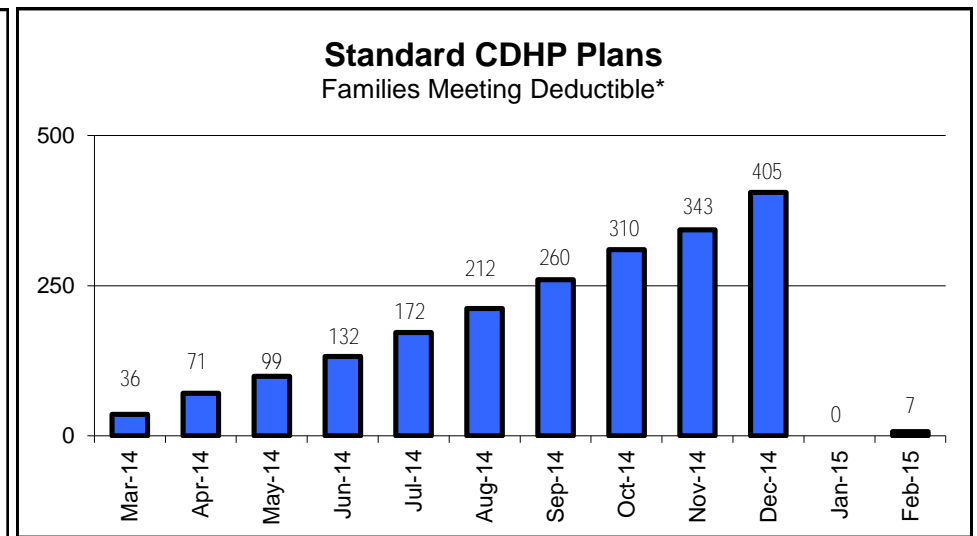
* 2014 and 2015 Individual Deductible is \$750



* 2014 and 2015 Individual Deductible is \$1,750



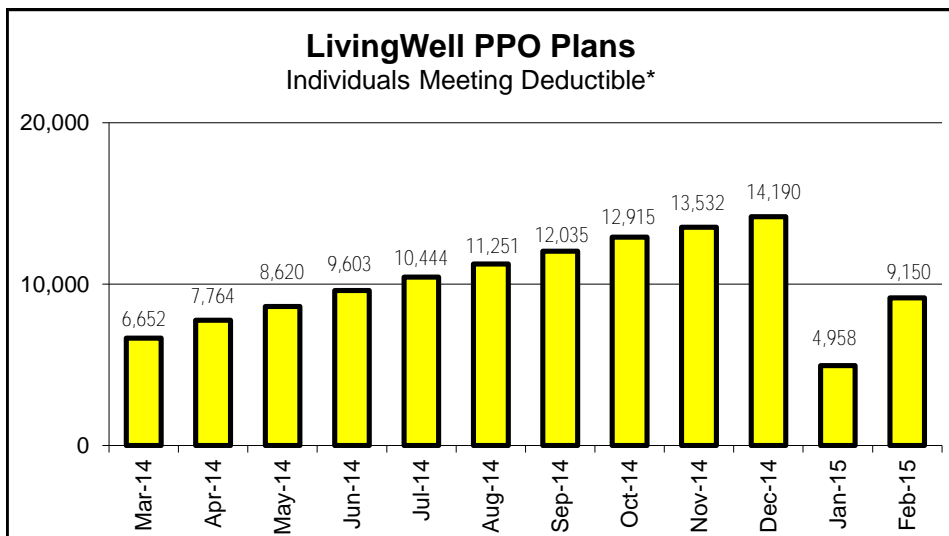
* 2014 and 2015 Family Deductible is \$1,500



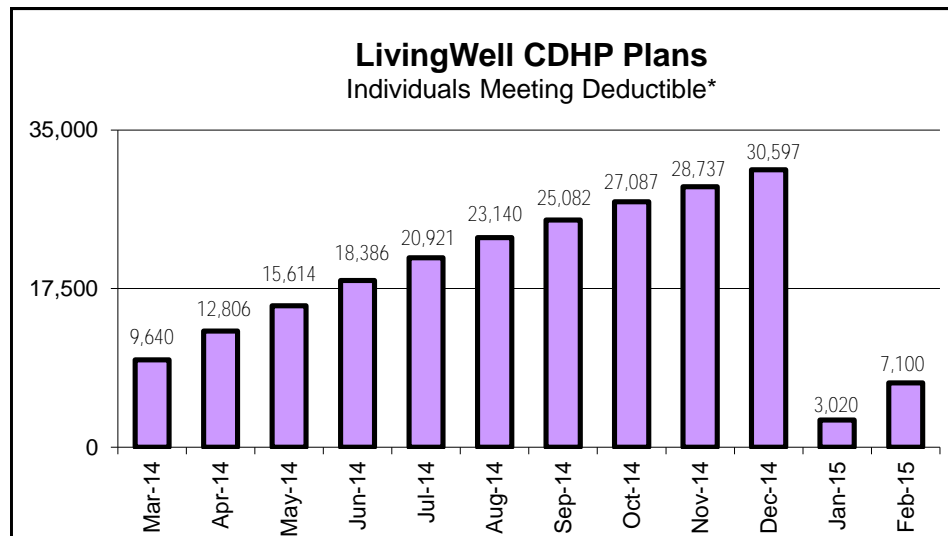
* 2014 and 2015 Family Deductible is \$3,500

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

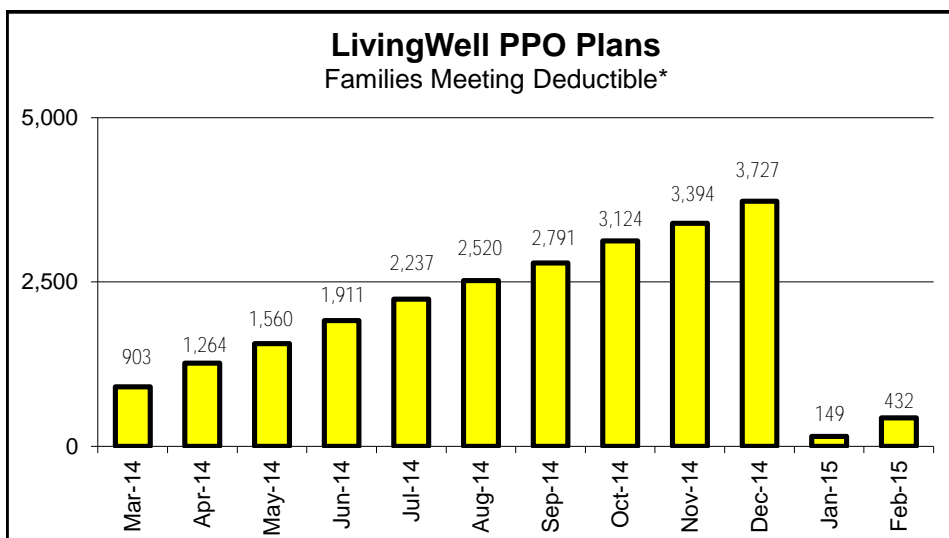
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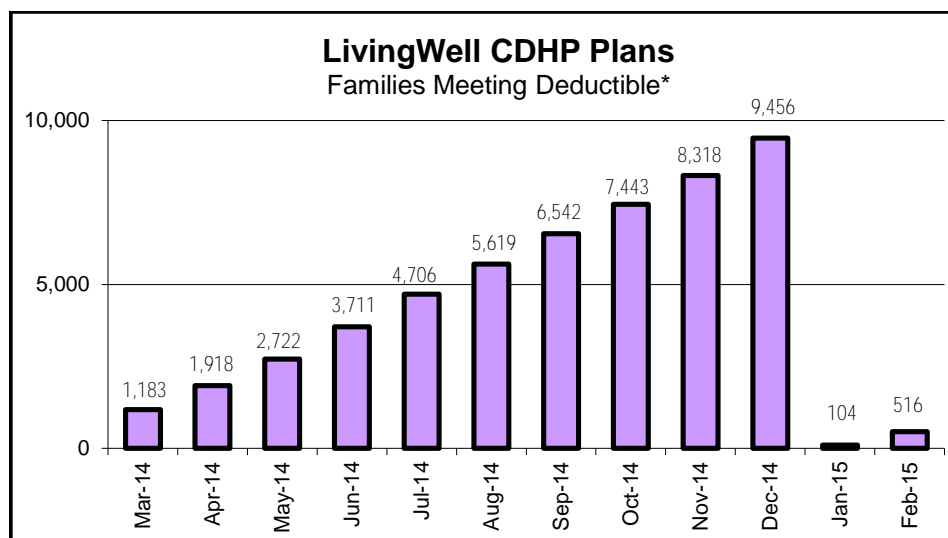
* 2014 and 2015 Individual Deductible is \$500



* 2014 and 2015 Individual Deductible is \$1,250



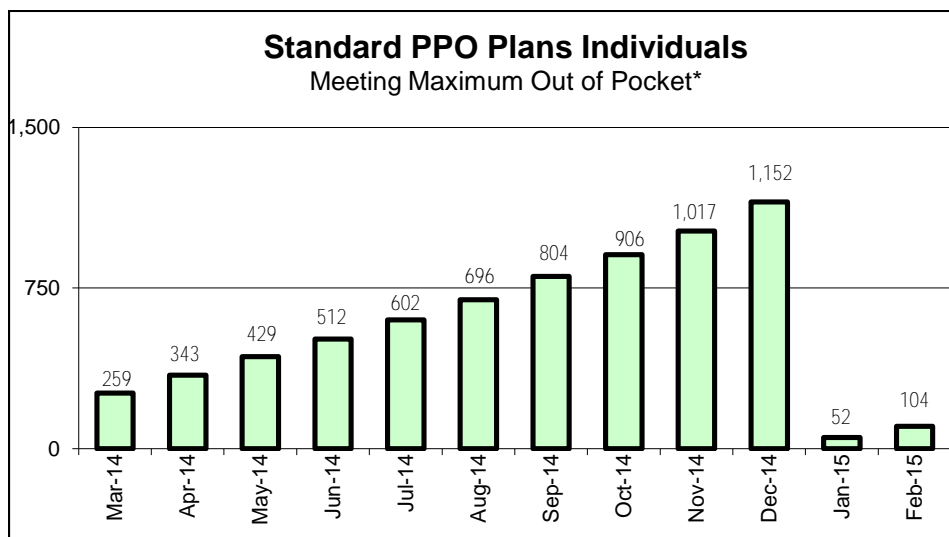
* 2014 and 2015 Family Deductible is \$1,000



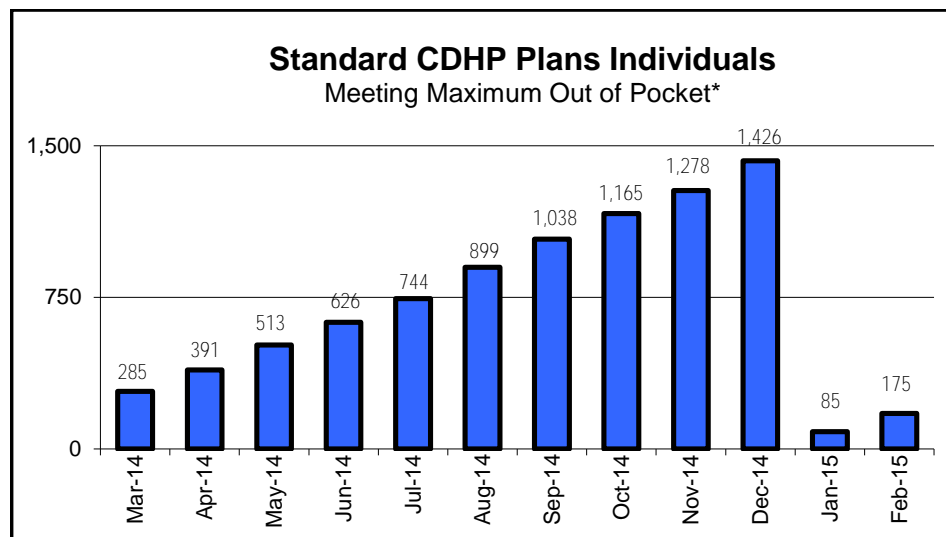
* 2014 and 2015 Family Deductible is \$2,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

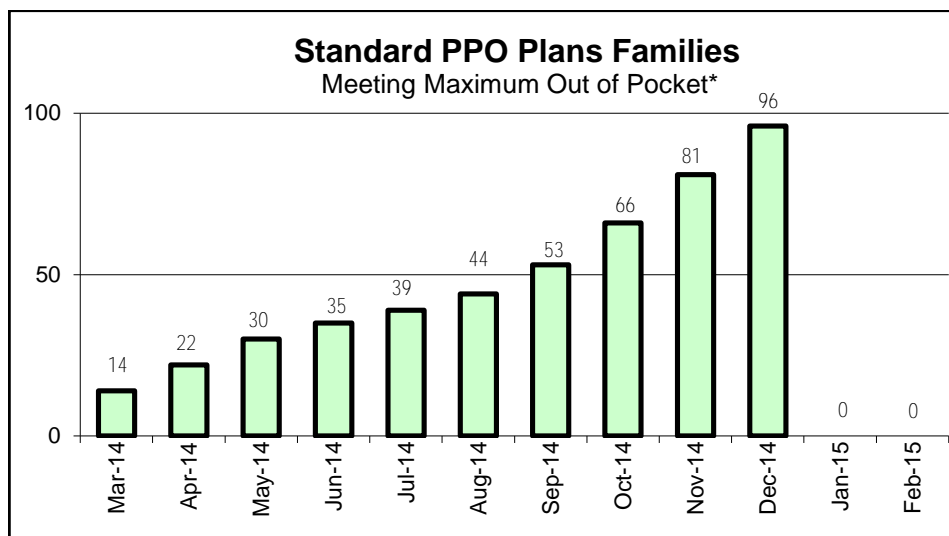
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



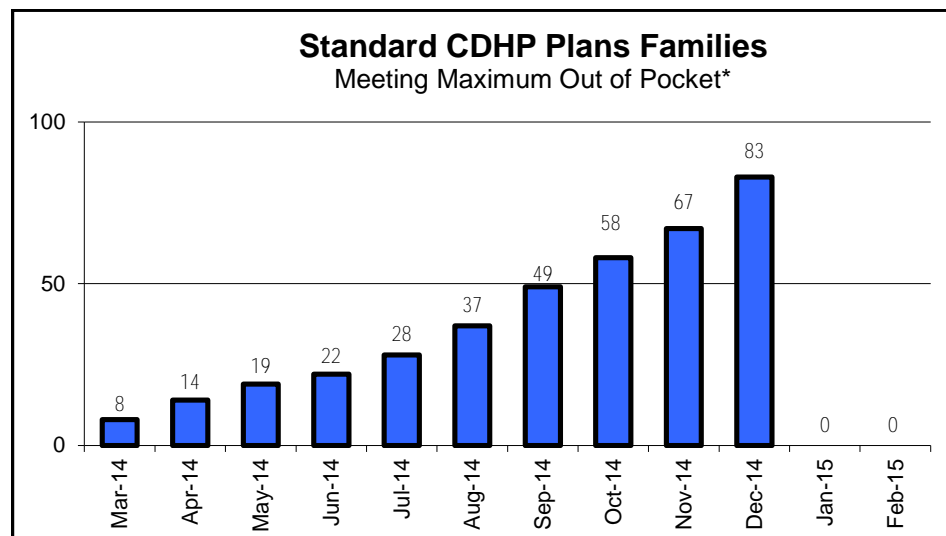
* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



* 2014 and 2015 Individual Maximum Out of Pocket is \$3,500



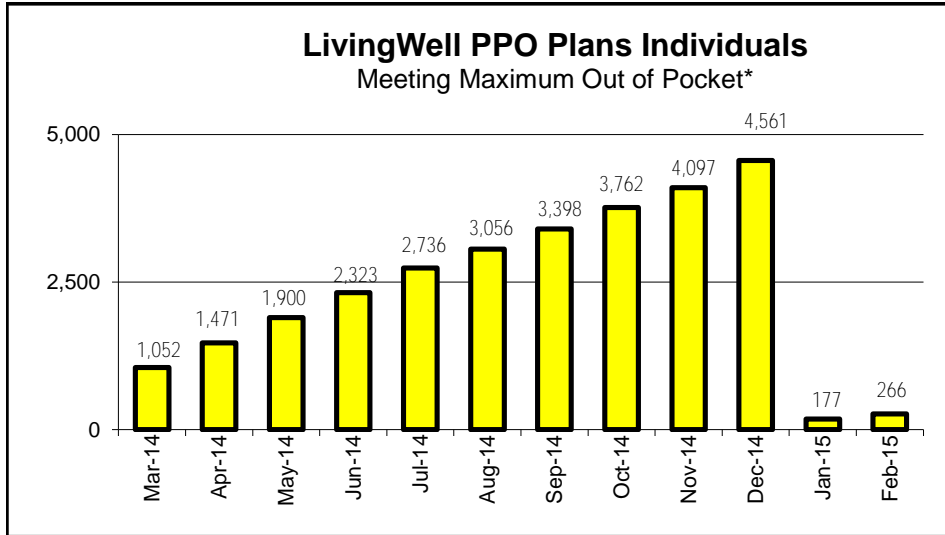
* 2014 and 2015 Maximum Out of Pocket is \$7,000



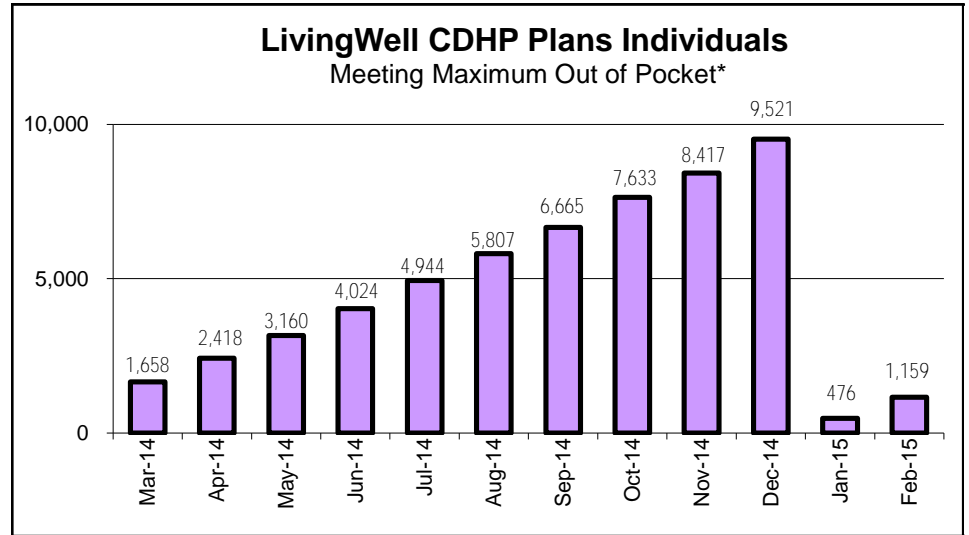
* 2014 and 2015 Family Maximum Out of Pocket is \$7,000

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

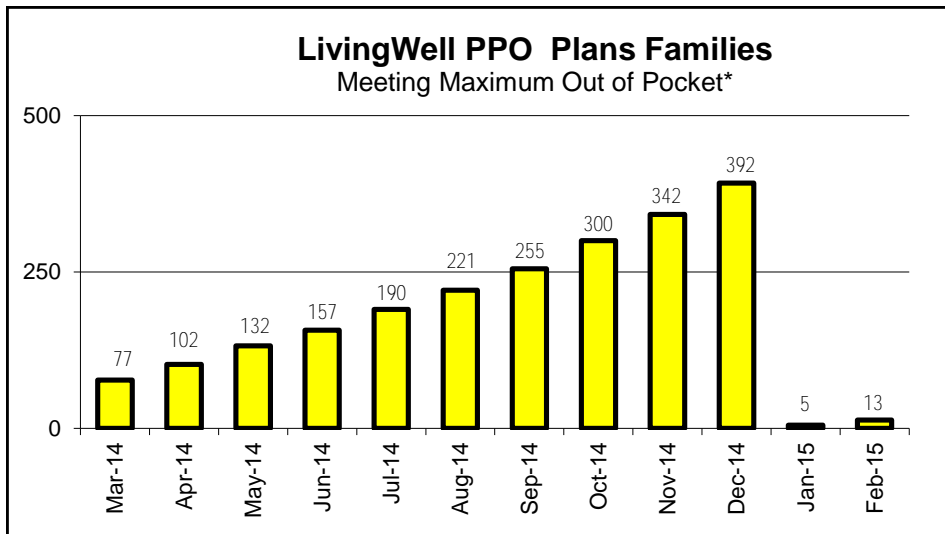
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



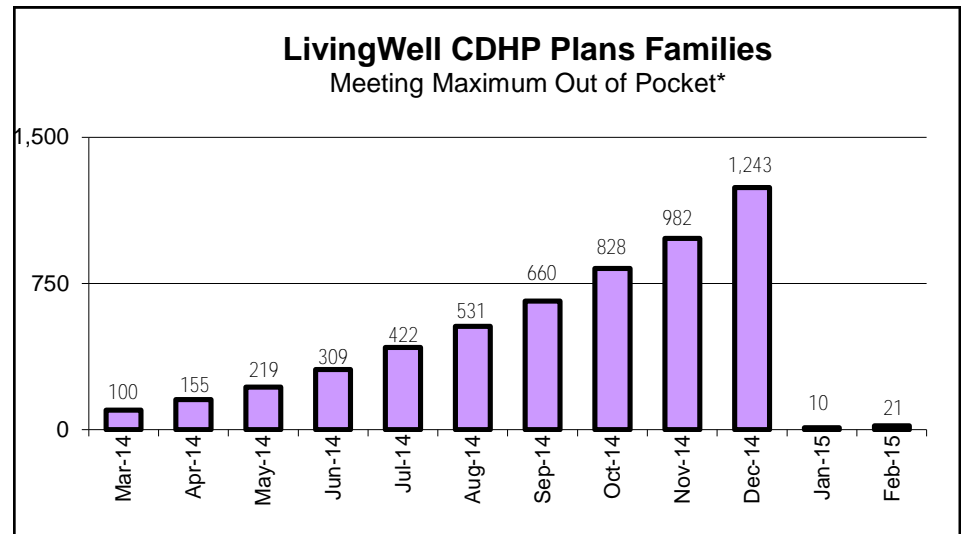
* 2014 and 2015 Maximum Out of Pocket is \$2,500



* 2014 and 2015 Individual Max Out of Pocket is \$2,500



* 2014 and 2015 Family Maximum Out of Pocket is \$5,000



* 2014 and 2015 Family Maximum Out of Pocket is \$5,000

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2009-2015. This report is based on incurred claims.

Individuals and Families in CW Standard PPO (2009-13) and Standard PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	CW Standard PPO	\$600	36.86%	\$3,000	6.45%	\$1,800	4.35%	\$6,000	1.62%
2014	Standard PPO	\$750	34.73%	\$3,500	6.89%	\$1,500	10.55%	\$7,000	0.82%
2015	Standard PPO	\$750	6.42%	\$3,500	0.70%	\$1,500	0.45%	\$7,000	0.00%

Individuals and Families in Capitol Choice (2009-13) and Standard CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.18%	\$2,470	1.90%	\$1,850	0.52%	\$7,400	0.15%
2014	Standard CDHP	\$1,750	20.18%	\$3,500	8.01%	\$3,500	2.27%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	2.71%	\$3,500	1.11%	\$3,500	0.04%	\$7,000	0.00%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2009-2015. This report is based on incurred claims.

Individuals and Families in Optimum PPO (2009-13) and LivingWell PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%
2014	LivingWell PPO	\$500	11.65%	\$2,500	3.75%	\$1,000	4.57%	\$3,000	0.48%
2015	LivingWell PPO	\$500	8.41%	\$2,500	0.24%	\$1,000	0.62%	\$3,000	0.02%

Individuals and Families in Maximum Choice (2009-13) and LivingWell CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%
2014	LivingWell CDHP	\$1,250	28.83%	\$2,500	8.97%	\$2,500	17.19%	\$5,000	2.26%
2015	LivingWell CDHP	\$1,250	6.00%	\$2,500	0.98%	\$2,500	0.91%	\$5,000	0.04%

Premium (or Premium Equivalent)

The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2009-2014 and monthly through 2015.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,437,387	\$1,348,664,155	\$1,614,101,542
Jan-15	\$21,559,917	\$114,649,814	\$136,209,731
Feb-15	\$21,440,357	\$114,330,256	\$135,770,613
Mar-15	\$21,490,495	\$114,513,917	\$136,004,412
Apr-15	\$21,454,023	\$114,320,396	\$135,774,419
May-15	\$21,435,169	\$114,131,681	\$135,566,850

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jun 2014	288,180	13,772	41,941	8,137	352,030	81.86%	95.44%
Jul 2014	341,492	15,802	50,640	9,900	417,834	81.73%	95.58%
Aug 2014	275,701	12,990	40,381	7,985	337,057	81.80%	95.50%
Sep 2014	358,209	21,560	51,554	10,038	441,361	81.16%	94.32%
Oct 2014	286,243	26,295	43,684	8,301	364,523	78.53%	91.59%
Nov 2014	300,685	19,559	43,555	8,179	371,978	80.83%	93.89%
Dec 2014	387,687	19,490	61,969	11,210	480,356	80.71%	95.21%
Jan 2015	293,505	11,998	39,245	7,493	352,241	83.33%	96.07%
Feb 2015	282,478	11,173	34,166	8,247	336,064	84.05%	96.20%
Mar 2015	315,824	12,443	38,330	6,418	373,015	84.67%	96.21%
Apr 2015	312,318	12,291	37,451	6,515	368,575	84.74%	96.21%
May 2015	305,493	12,079	36,592	6,268	360,432	84.76%	96.20%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Mar 2014	265,323	156,410	383,946	1.44	2.89	\$85.10	\$65.90	\$27.65	\$46.90
Apr 2014	264,823	155,579	374,071	1.41	2.86	\$87.04	\$69.58	\$24.54	\$41.76
May 2014	264,390	154,635	377,247	1.43	2.88	\$88.82	\$72.51	\$23.12	\$39.52
Jun 2014	263,978	153,431	367,174	1.39	2.87	\$92.34	\$76.82	\$21.43	\$36.87
Jul 2014	262,820	155,996	373,215	1.42	2.93	\$93.04	\$78.45	\$20.56	\$34.64
Aug 2014	261,551	153,866	369,414	1.41	2.87	\$87.60	\$73.75	\$19.38	\$32.94
Sep 2014	259,600	155,920	385,242	1.48	2.94	\$88.25	\$75.15	\$19.29	\$32.11
Oct 2014	262,653	168,446	407,268	1.55	2.98	\$87.41	\$74.91	\$19.23	\$29.98
Nov 2014	262,857	158,138	376,903	1.43	2.85	\$86.45	\$74.15	\$17.48	\$29.06
Dec 2014	262,690	165,019	418,081	1.59	2.98	\$88.35	\$75.46	\$20.35	\$32.40
Jan 2015	263,211	147,321	352,204	1.34	2.89	\$82.19	\$58.42	\$31.71	\$56.65
Feb 2015	262,506	143,338	331,992	1.26	2.76	\$81.97	\$61.59	\$25.67	\$47.02

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January-February 2015.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$1,933,137.20	4.71%	399	\$105.50	321
2	2	ENBREL	Single source brand	Immunosuppressants	\$1,492,638.98	3.64%	348	\$100.35	265
6	3	HARVONI	Single source brand	Anti-Infective Agents	\$1,267,291.82	3.09%	40	\$1,131.51	28
3	4	COPAXONE	Single source brand	Misc Therapeutic Agents	\$985,122.72	2.40%	126	\$170.97	91
5	5	CRESTOR	Single source brand	Cardiovascular Agents	\$927,470.17	2.26%	5,280	\$4.59	3,591
4	6	NEXIUM	Single source brand	Gastrointestinal Drugs	\$889,775.49	2.17%	3,465	\$6.74	2,675
7	7	STELARA	Single source brand	Immunosuppressants	\$813,403.63	1.98%	68	\$159.12	73
8	8	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$757,553.81	1.85%	1,640	\$11.88	1,248
9	9	DULOXETINE HCL	Single source generic	Central Nervous System	\$683,253.06	1.67%	5,133	\$3.82	3,182
12	10	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$623,532.50	1.52%	97	\$161.12	62
13	11	ABILIFY	Single source brand	Central Nervous System	\$612,747.18	1.49%	727	\$25.17	496
11	12	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$601,503.84	1.47%	1,002	\$15.66	822
10	13	GILENYA	Single source brand	Misc Therapeutic Agents	\$590,858.29	1.44%	69	\$171.56	52
14	14	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$587,341.60	1.43%	1,889	\$8.24	1,283
16	15	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$509,304.17	1.24%	961	\$13.87	730
15	16	GLEEVEC	Single source brand	Antineoplastic Agents	\$506,617.47	1.23%	27	\$324.75	21
20	17	INVOKANA	Single source brand	Multiple	\$396,501.91	0.97%	1,507	\$7.69	986
22	18	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$395,813.06	0.96%	41	\$156.02	43
19	19	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$391,458.20	0.95%	787	\$13.89	560
21	20	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$333,822.95	0.81%	663	\$14.10	467
24	21	LYRICA	Single source brand	Central Nervous System	\$316,107.94	0.77%	1,160	\$8.60	765
-	22	LANTUS	Single source brand	Hormones & Synthetic Subst	\$301,417.45	0.73%	642	\$13.57	440
25	23	XOLAIR	Single source brand	Immunosuppressants	\$295,484.24	0.72%	84	\$85.20	74
23	24	KALYDECO	Single source brand	Respiratory Tract Agents	\$291,347.02	0.71%	10	\$837.20	5
-	25	ZETIA	Single source brand	Cardiovascular Agents	\$277,095.71	0.68%	1,425	\$4.79	1,008

***Product Name" includes all strengths/formulations of a drug*

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 4.03% of total scripts and 40.91% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$16,780,600	27,590	1,028,041
All Product Names	\$41,023,262	684,196	21,082,979
Top Drugs as Pct of All Drugs	40.91%	4.03%	4.88%

Utilization

The top 25 clinical conditions based on incurred claims for January 2015-February 2015.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$7,692,779	\$31,874	\$7,648,648	0.05	2.00	682.06	0.64	31,986	\$240.50
2	2	Signs/Symptoms/Oth Cond, NEC	\$5,194,610	\$1,403,128	\$3,581,500	1.67	11.22	363.66	9.50	19,831	\$261.94
4	3	Osteoarthritis	\$4,999,295	\$3,170,895	\$1,827,946	2.62	2.63	164.07	0.18	5,429	\$920.85
3	4	Coronary Artery Disease	\$4,642,604	\$2,583,674	\$2,048,480	1.99	4.05	27.87	1.78	1,388	\$3,344.82
6	5	Chemotherapy Encounters	\$4,159,880	\$848,744	\$3,311,136	0.39	8.24	2.19	0.00	274	\$15,182.04
7	6	Respiratory Disord, NEC	\$3,417,765	\$1,406,939	\$2,001,056	0.30	3.62	75.92	8.90	5,083	\$672.39
9	7	Gastroint Disord, NEC	\$3,305,538	\$973,200	\$2,327,085	1.26	4.16	130.13	14.72	6,863	\$481.65
5	8	Infections, NEC	\$3,233,624	\$3,058,786	\$174,838	0.16	3.29	86.65	2.40	4,129	\$783.15
10	9	Pregnancy w Vaginal Delivery	\$2,714,869	\$2,707,794	\$7,075	5.57	2.36	0.39	0.55	433	\$6,269.90
8	10	Condition Rel to Tx - Med/Surg	\$2,685,295	\$2,002,075	\$683,126	1.73	5.72	5.32	1.37	775	\$3,464.90
21	11	Newborns, w/wo Complication	\$2,606,441	\$2,533,949	\$72,493	8.17	3.30	4.06	0.16	482	\$5,407.55
11	12	Spinal/Back Disord, Low Back	\$2,429,864	\$851,658	\$1,569,124	0.55	4.13	428.67	4.31	8,630	\$281.56
12	13	Cardiac Arrhythmias	\$2,089,244	\$503,081	\$1,585,863	0.73	2.88	32.07	1.87	1,417	\$1,474.41
15	14	Cancer - Breast	\$2,072,054	\$66,279	\$2,005,600	0.11	1.60	25.70	0.02	890	\$2,328.15
14	15	Arthropathies/Joint Disord NEC	\$1,951,334	\$157,896	\$1,786,204	0.23	2.80	425.82	3.70	11,814	\$165.17
13	16	Cerebrovascular Disease	\$1,896,887	\$1,485,527	\$403,859	1.12	4.43	8.54	1.26	495	\$3,832.09
19	17	Radiation Therapy Encounters	\$1,613,546	\$0	\$1,613,546	0.00	0.00	0.48	0.00	95	\$16,984.70
#N/A	18	Spinal/Back Disord, Ex Low	\$1,573,380	\$464,743	\$1,108,637	0.32	2.50	387.13	1.83	7,164	\$219.62
18	19	Urinary Tract Calculus	\$1,550,926	\$266,780	\$1,284,146	0.64	2.36	15.29	4.88	809	\$1,917.09
17	20	Cholecystitis/Cholelithiasis	\$1,481,816	\$363,248	\$1,118,568	0.75	3.48	4.27	1.23	352	\$4,209.70
25	21	Diabetes	\$1,401,109	\$583,133	\$816,350	1.19	6.58	199.89	1.69	8,728	\$160.53
22	22	Cardiovasc Disord, NEC	\$1,379,607	\$222,128	\$1,157,254	0.32	7.36	44.53	6.73	2,744	\$502.77
24	23	Infections - ENT Ex Otitis Med	\$1,306,833	\$25,669	\$1,281,131	0.16	4.00	627.05	5.11	24,876	\$52.53
20	24	Renal Function Failure	\$1,255,795	\$271,223	\$982,696	0.34	4.40	12.35	0.50	732	\$1,715.57
23	25	Fracture/Disloc - Upper Extrem	\$1,201,792	\$100,915	\$1,100,877	0.07	2.33	57.52	4.43	1,316	\$913.22

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.99% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$67,856,888	\$26,083,338	\$41,497,239	30.43	3.99	3,811.64	77.77
All Clinical Conditions	\$111,688,029	\$40,879,196	\$70,342,523	57.2	4.49	6,580.04	161.45
Top Clinical Conditions as Pct of All Clinical Conditions	60.76%	63.81%	58.99%	53.19%	88.87%	57.93%	48.17%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January-February 2015.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	455,569	20	83.62%	94.97%	98.37%
LivingWell PPO	543,977	20	83.38%	94.93%	98.46%
Standard CDHP	51,386	23	79.87%	92.03%	97.27%
Standard PPO	53,445	20	82.99%	93.87%	97.87%
Missing	1,896	65	42.67%	50.26%	59.92%
All Plans	1,106,273	19	83.23%	94.68%	98.27%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Mar 2014	\$3,764,804.11	\$1,157,561.21	\$862,558.70	\$347,814.23	\$574,027.23	\$55,272.84
Apr 2014	\$12,030,271.29	\$3,217,481.57	\$1,723,113.39	\$1,147,894.85	\$412,974.09	\$196,730.41
May 2014	\$39,460,410.16	\$11,732,189.22	\$4,452,330.89	\$2,715,121.49	\$1,149,776.78	\$193,440.39
Jun 2014	\$52,458,318.88	\$46,222,742.75	\$11,674,027.13	\$5,310,522.63	\$2,863,358.12	\$563,272.51
Jul 2014	\$0.00	\$62,372,065.72	\$43,595,988.88	\$13,333,473.04	\$5,039,389.00	\$1,873,901.38
Aug 2014	\$0.00	\$0.00	\$55,689,435.34	\$44,910,661.15	\$11,072,458.75	\$3,658,961.10
Sep 2014	\$0.00	\$0.00	\$0.00	\$61,134,743.77	\$46,503,301.26	\$8,111,002.77
Oct 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$68,085,190.03	\$48,057,823.65
Nov 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,572,784.74
Dec 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Feb 2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Mar 2014	\$101,798.70	\$319,387.50	(\$231,204.25)	\$38,523.77	(\$54,080.19)	\$97,100.97
Apr 2014	(\$108,348.47)	\$258,434.46	\$23,886.14	\$14,307.88	(\$92,812.18)	(\$59,968.66)
May 2014	\$53,138.66	\$51,847.79	\$196,068.38	\$87,777.90	\$19,723.28	(\$32,453.73)
Jun 2014	\$438,825.67	\$222,268.77	\$158,880.98	\$70,880.34	\$381,085.92	\$45,883.97
Jul 2014	\$149,803.83	\$184,793.68	\$137,114.54	\$126,229.92	\$56,700.55	\$48,371.65
Aug 2014	\$1,456,126.26	\$85,021.86	\$439,444.51	\$64,582.33	(\$60,020.41)	(\$36,659.35)
Sep 2014	\$2,559,652.26	\$930,947.43	\$302,444.29	\$119,377.05	\$92,817.84	(\$56,351.33)
Oct 2014	\$11,136,949.88	\$3,089,439.92	\$1,502,534.58	\$2,152,458.94	\$335,190.66	\$192,769.02
Nov 2014	\$48,018,144.19	\$8,427,433.67	\$1,841,417.87	\$752,315.15	\$1,146,291.21	\$424,122.96
Dec 2014	\$77,500,655.09	\$50,980,539.97	\$9,274,081.72	\$3,503,671.51	\$1,791,445.74	\$505,509.16
Jan 2015	\$0.00	\$37,661,795.62	\$25,108,161.56	\$7,185,408.86	\$4,044,289.68	\$2,296,694.01
Feb 2015	\$0.00	\$285.71	\$41,467,879.99	\$25,217,755.00	\$6,134,457.79	\$3,594,562.97

Claims Distribution Based on Age/Gender

The following is based on claims incurred January-February 2015

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,215	\$2,386,449.61	\$1,964.96	1,221	\$1,704,921.86	\$1,396.90
Ages 1-4	5,239	\$976,180.72	\$186.33	5,659	\$1,239,536.02	\$219.06
Ages 5-9	7,714	\$927,838.65	\$120.29	7,955	\$1,293,742.32	\$162.64
Ages 10-14	8,563	\$3,148,372.12	\$367.69	8,946	\$1,778,718.59	\$198.83
Ages 15-17	5,612	\$1,381,097.95	\$246.12	5,821	\$1,894,207.73	\$325.44
Ages 18-19	3,581	\$860,856.11	\$240.40	3,743	\$707,776.14	\$189.09
Ages 20-24	9,221	\$3,498,919.26	\$379.47	8,628	\$1,272,162.03	\$147.45
Ages 25-29	8,262	\$3,270,582.24	\$395.86	4,700	\$901,363.44	\$191.78
Ages 30-34	9,908	\$4,852,437.54	\$489.75	5,501	\$1,249,140.25	\$227.08
Ages 35-39	10,915	\$4,910,255.85	\$449.88	6,215	\$1,585,076.85	\$255.04
Ages 40-44	12,804	\$6,595,490.30	\$515.13	7,264	\$3,016,558.99	\$415.30
Ages 45-49	13,791	\$8,242,173.45	\$597.67	8,207	\$3,989,475.06	\$486.11
Ages 50-54	15,881	\$12,319,118.06	\$775.71	9,609	\$7,607,770.77	\$791.78
Ages 55-59	18,314	\$15,986,102.81	\$872.89	10,891	\$10,413,931.93	\$956.20
Ages 60-64	20,296	\$21,666,457.39	\$1,067.52	12,640	\$16,464,524.39	\$1,302.62
Ages 65-74	2,480	\$2,505,092.53	\$1,010.12	1,777	\$3,651,159.84	\$2,054.68
Ages 75-84	139	\$230,917.15	\$1,661.27	141	\$155,143.72	\$1,104.23
Ages 85+	8	\$1,497.78	\$187.22	5	\$25,309.30	\$5,624.29
Total	153,939	\$93,759,839.52	\$609.07	108,918	\$58,950,519.23	\$541.24

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2009—2014 and year to date for 2015.

Allowed Amount	2009	2010	2011	2012	2013	2014	2015
less than 0.00	22	42	63	105	5,814	18	1
\$0.00 - \$499.99	53,160	57,392	58,044	60,353	60,298	66,183	120,665
\$500.00 - \$999.99	34,982	34,386	36,012	36,453	36,752	39,177	24,575
\$1,000.00 - \$1,999.99	43,452	42,988	44,147	44,299	43,442	43,009	15,172
\$2,000.00 - \$4,999.99	59,566	60,341	60,339	60,139	57,286	51,751	10,271
\$5,000.00 - \$9,999.99	35,696	36,028	36,375	36,025	34,315	29,478	3,702
\$10,000.00 - \$14,999.99	14,198	14,874	15,009	15,273	14,751	12,819	1,394
\$15,000.00 - \$19,999.99	6,849	7,184	7,339	7,651	7,569	6,750	751
\$20,000.00 - \$29,999.99	6,475	6,960	7,131	7,114	7,273	6,378	644
\$30,000.00 - \$49,999.99	4,451	4,935	5,155	5,306	5,398	5,278	438
\$50,000.00 - \$74,999.99	1,773	2,022	2,256	2,391	2,526	2,523	206
\$75,000.00 - \$99,999.99	688	829	839	914	1,018	1,022	63
\$100,000.00 - \$149,999.99	545	651	707	789	801	844	41
\$150,000.00 - \$199,999.99	203	225	274	296	357	349	16
\$200,000.00 - \$249,999.99	116	117	118	136	142	174	8
over \$249,999.99	166	196	259	268	295	322	13
Total	262,342	269,170	274,067	277,512	278,037	266,075	177,960

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Mar 2014	265,323	\$109,468,964.17	\$84,168,409.60	\$25,300,554.57	678,626	277,986	383,946
Apr 2014	264,823	\$112,348,133.02	\$86,321,271.98	\$26,026,861.04	675,653	285,147	374,071
May 2014	264,390	\$111,721,092.39	\$84,366,317.05	\$27,354,775.34	662,262	267,795	377,247
Jun 2014	263,978	\$120,410,067.67	\$92,202,459.28	\$28,207,608.39	663,409	278,987	367,174
Jul 2014	262,820	\$126,917,832.19	\$97,638,074.78	\$29,279,757.41	692,317	301,507	373,215
Aug 2014	261,551	\$117,280,011.54	\$90,035,500.43	\$27,244,511.11	654,105	268,746	369,414
Sep 2014	259,600	\$119,697,935.34	\$90,748,201.75	\$28,949,733.59	679,731	278,519	385,242
Nov 2014	262,857	\$119,182,509.79	\$91,234,125.05	\$27,948,384.74	666,185	273,997	376,903
Oct 2014	262,653	\$134,552,356.68	\$104,045,428.69	\$30,506,927.99	745,648	321,232	407,268
Dec 2014	262,690	\$143,555,903.19	\$112,008,846.41	\$31,547,056.78	748,722	316,848	418,081
Jan 2015	263,211	\$76,296,349.73	\$55,719,454.96	\$20,576,894.77	606,429	248,077	352,204
Feb 2015	262,506	\$76,414,941.46	\$55,968,573.91	\$20,446,367.55	555,036	217,243	331,992

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Mar 2013 - Feb 2014	266,749	\$1,500,841,294	\$1,162,665,372	\$338,175,922
Mar 2014 - Feb 2015	263,191	\$1,369,771,781	\$1,046,289,442	\$323,482,339
% Change (Roll Yrs)	-1.30%	-8.70%	-10.00%	-4.30%